| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|------------------|-----------------|-----------------------------|
| Debtor 1 | Lucille F. Hender | son | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | Bankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number | 20-20094-JAD | | | |
| (if known) | | | | ☐ Check if this amended fil |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as | ssets of what you own |
|-----|--|--------------|-------------------------------|
| | | value c | what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 31,400.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 31,400.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 20,434.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 43,986.00 |
| | Your total liabilities | \$ | 64,420.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,400.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,425.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a personal. | family, or |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Lucille F. Henderson Document Page 2 of 48 Case number (if known) 20-20094-JAD

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total clain | n |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Case 20-20094-JAD | Doc 11 | Filed 02/03/20 | Entered 02/03/20 16:20:09 | Desc Main |
|-------------------|--------|----------------|---------------------------|-----------|
| | | | | |

| | | Document | Page 3 of 48 | | |
|---|---|--|--|--|---------------------------------------|
| Fill in this infor | mation to identify your ca | ase and this filing: | | | |
| Debtor 1 | Lucille F. Henders | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: _\ | WESTERN DISTRICT OF PENN | SYLVANIA | | |
| Case number | 20-20094-JAD | | | | ☐ Check if this is an |
| | 20 2000 + 0715 | | • | | amended filing |
| | | | | | |
| Official Fo | rm 106A/B | | | | |
| Schedul | e A/B: Prope | ertv | | | 12/15 |
| hink it fits best. B nformation. If mor Answer every ques | le as complete and accurate le space is needed, attach a stion. | items. List an asset only once. If a as possible. If two married people separate sheet to this form. On the Land, or Other Real Estate You Ow | are filing together, both are top of any additional pages | e equally responsible for sup | oplying correct |
| . Do you own or l | have any legal or equitable i | nterest in any residence, building, | land, or similar property? | | |
| ■ No. Go to Par | 1 2 | | | | |
| Yes. Where i | | | | | |
| | , , | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| | • | , also report it on Schedule G: Ex | | | |
| | • | | | Do not deduct secured cla | ime or exemptions. Put |
| - | Jeep Cherokee | Who has an interest in the | : property? Check one | the amount of any secured | d claims on Schedule D: |
| - INIOGOI: _ | 2019 | ■ Debtor 1 only □ Debtor 2 only | | Creditors Who Have Claims Secured by | |
| Approximat | te mileage: 200 | | nly | Current value of the entire property? | Current value of the portion you own? |
| Other infor | mation: | At least one of the debto | rs and another | | |
| | | Check if this is commu | nity property | \$25,000.00 | \$25,000.00 |
| Examples: Boa ■ No □ Yes 5 Add the dolla pages you ha | ar value of the portion your personate attached for Part 2. V | | owmobiles, motorcycle acc | entries for | \$25,000.00 |
| Do you own or | have any legal or equital | ole interest in any of the follow | ing items? | | Current value of the ortion you own? |

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 1

Entered 02/03/20 16:20:09 Desc Main Case 20-20094-JAD Doc 11 Filed 02/03/20 Page 4 of 48
Case number (if known) 20-20094-JAD Document

| D | ebtor 1 Lucille F. Henderson Case number (if known) 20-20094-JAD |
|----|---|
| 6. | Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No |
| | ■ Yes. Describe |
| | — 103. D030Hb0 |
| | Furniture \$5,000.0 |
| | |
| 7. | Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No |
| | ☐ Yes. Describe |
| 8. | Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections other collections, memorabilia, collectibles No |
| | ☐ Yes. Describe |
| 9. | Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments |
| | ■ No □ Yes. Describe |
| 10 | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment |
| | ■ No □ Yes. Describe |
| 11 | Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe |
| | Clothing \$1,000. |
| 12 | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ■ Yes. Describe |
| | Jewelry \$100.0 |
| 13 | Non-farm animals Examples: Dogs, cats, birds, horses |
| | ■ No □ Yes. Describe |
| 14 | Any other personal and household items you did not already list, including any health aids you did not list ■ No □ Yes. Give specific information |
| 15 | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here |
| | |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

6

7

8

9

Page 5 of 48 Document Case number (if known) 20-20094-JAD Debtor 1 Lucille F. Henderson claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... \$300.00 Checking **Key Bank** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

☐ Yes. Give specific information about them...

| D | C ebtor 1 | Case 20-20094-JAD | | | Entered 02/03/2 Page 6 of 48 | 20 16:20:09 mber (if known) 20 | |
|-------------------|---|---|--|--|---------------------------------|---------------------------------|---|
| 27 | Linana | | anaval intanaih | loo. | | · / _=· | <u>y </u> |
| 21. | | ses, franchises, and other g ples: Building permits, exclus | | | oldings, liquor licenses, profe | essional licenses | |
| | | . Give specific information ab | out them | | | | |
| М | oney or | property owed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | funds owed to you | | | | | |
| | ■ No □ Yes. | Give specific information abo | out them, includi | ng whether you already | filed the returns and the tax | (years | |
| 29. | Exam _i ■ No | y support ples: Past due or lump sum a Give specific information | 77 1 | support, child support, | maintenance, divorce settle | ment, property set | itlement |
| 30 | Exam _i ■ No | amounts someone owes your ples: Unpaid wages, disability benefits; unpaid loans y | / insurance payn | | s, sick pay, vacation pay, w | orkers' compensat | tion, Social Security |
| | ☐ Yes. | Give specific information | | | | | |
| 31. | Exam _i ■ No | sts in insurance policies ples: Health, disability, or life Name the insurance compar | | | A); credit, homeowner's, or r | enter's insurance | |
| | | Comp | any name: | | Beneficiary: | | Surrender or refund value: |
| 32 | If you | nterest in property that is du | | | ance policy, or are currently | entitled to receive | property because |
| | ■ No | one has died. Give specific information | | | | | |
| 33. | ■ No □ Yes. Claims Exam No | one has died. | | | | nent | |
| | ■ No □ Yes. Claims Examp ■ No □ Yes. | one has died. Give specific information s against third parties, whe ples: Accidents, employment | disputes, insura | nce claims, or rights to | sue | | t off claims |
| | ■ No □ Yes. Claims Exam No □ Yes. Other No | one has died. Give specific information s against third parties, whe ples: Accidents, employment Describe each claim | disputes, insura | nce claims, or rights to | sue | | et off claims |
| 34. | ■ No □ Yes. Claims Exam No □ Yes. Other ■ No □ Yes. Any fit | one has died. Give specific information s against third parties, whe ples: Accidents, employment Describe each claim contingent and unliquidate Describe each claim | disputes, insura | nce claims, or rights to | sue | | et off claims |
| 34. | ■ No □ Yes. Claims Exam No □ Yes. Other ■ No □ Yes. Any fit | one has died. Give specific information s against third parties, whe ples: Accidents, employment Describe each claim contingent and unliquidate Describe each claim | disputes, insura | nce claims, or rights to | sue | | et off claims |
| 34. | ■ No □ Yes. Claims Exam No □ Yes. Other ■ No □ Yes. Any fit ■ No □ Yes. Add Add | one has died. Give specific information s against third parties, whe ples: Accidents, employment Describe each claim contingent and unliquidate Describe each claim | disputes, insura d claims of eve | nce claims, or rights to ry nature, including co | ounterclaims of the debto | r and rights to se | et off claims |
| 34. 35. | ■ No □ Yes. Claims Exam No □ Yes. Other ■ No □ Yes. Any fit ■ No □ Yes. And for P | one has died. Give specific information s against third parties, whe ples: Accidents, employment Describe each claim contingent and unliquidate Describe each claim nancial assets you did not a give specific information | disputes, insura d claims of eve | ry nature, including co | ounterclaims of the debto | r and rights to se | |
| 34. 35. | No Yes. Claims Exam No Yes. Other No Yes. Any fin No Yes. Any fin For P | one has died. Give specific information s against third parties, whe ples: Accidents, employment Describe each claim contingent and unliquidate Describe each claim nancial assets you did not a give specific information the dollar value of all of you art 4. Write that number he escribe Any Business-Related Feescribe Any Business-Related Feescrib | disputes, insura d claims of eve already list ur entries from | Part 4, including any on the rest in. L | entries for pages you have | r and rights to se | |
| 34. 35. 36. | No Yes. Claims Exam No Yes. Other No Yes. Any fit No Yes. Any for P | s against third parties, whe ples: Accidents, employment Describe each claim contingent and unliquidate Describe each claim nancial assets you did not a give specific information the dollar value of all of you art 4. Write that number here | disputes, insura d claims of eve already list ur entries from | Part 4, including any on the rest in. L | entries for pages you have | r and rights to se | |

| Deb | tor 1 | Lucille F. Henderson | Document | Page / of 4 | Case number (if known) | 20-20094-JAD |
|-------------|--------|---|-----------------------|----------------------|---------------------------|-------------------------|
| Part | | scribe Any Farm- and Commercial Fishing-Relat ou own or have an interest in farmland, list it in Par | | n or Have an Interes | t In. | |
| 46 г |)o vou | own or have any legal or equitable intere | st in any farm- or o | commercial fishin | g-related property? | |
| | | Go to Part 7. | or in any larin- or c | | g-related property: | |
| | ☐ Yes. | Go to line 47. | | | | |
| | | | | | | |
| Part | 7: | Describe All Property You Own or Have an Int | erest in That You Did | Not List Above | | |
| | | have other property of any kind you did r les: Season tickets, country club membershi | | | | |
| | No | | | | | |
| | Yes. | Give specific information | | | | |
| 54. | Add t | he dollar value of all of your entries from | Part 7. Write that n | umber here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2 | : Total vehicles, line 5 | | \$25,000.00 | | |
| 57. | Part 3 | : Total personal and household items, lin | e 15 | \$6,100.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | | \$300.00 | | |
| 59. | Part 5 | : Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, | line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | | \$31,400.00 | Copy personal property to | otal \$31,400.00 |
| | | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$31,400.00

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1 | Lucille F. Hender | son | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number | 20-20094-JAD | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Property | You Claim as Exempt |
|---------|----------|--------------|---------------------|
|---------|----------|--------------|---------------------|

| | \square You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | |
|----|--|--------------------------------------|--|---|------------------------------------|--|--|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | the state of the s | | Specific laws that allow exemption | | |
| | | | | | | | |
| | 2019 Jeep Cherokee 20000 miles Line from Schedule A/B: 3.1 | \$25,000.00 | | \$4,000.00 | 11 U.S.C. § 522(d)(2) | | |
| | Line Holli Schedule A/B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | 2019 Jeep Cherokee 20000 miles Line from Schedule A/B: 3.1 | \$25,000.00 | | \$2,566.00 | 11 U.S.C. § 522(d)(5) | | |
| | Line Iron Scriedule Arb. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Furniture Line from Schedule A/B: 6.1 | \$5,000.00 | | \$5,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | Line Holli Schedule A/B. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Clothing Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | Line Holli Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Jewelry Line from Schedule A/B: 12.1 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(4) | | |
| | LINE HOTH SCHEUUIE AVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |

Page 9 of 48 Document Case number (if known) Debtor 1 Lucille F. Henderson 20-20094-JAD Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Key Bank** 11 U.S.C. § 522(d)(5) \$300.00 \$300.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Entered 02/03/20 16:20:09

Desc Main

Filed 02/03/20

Case 20-20094-JAD

Yes

Doc 11

| | | <u>Document Page</u> | <u>10 of 48</u> | | |
|--|----------------------------------|---|--|--|-----------------------------|
| Fill in this info | rmation to identify you | r case: | | | |
| Debtor 1 | Lucille F. Hende | | | _ | |
| Dobtor 2 | First Name | Middle Name Last Name | 9 | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | 9 | - | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT OF PENNSYLVA | NIA | _ | |
| Case number (if known) | 20-20094-JAD | | | _ | if this is an led filing |
| Official For | m 106D | | | | |
| | | Who Have Claims Secu | rod by Proport | -17 | 40/45 |
| Schedule | Di Creditors | Who have Claims Secu | rea by Propert | . y | 12/15 |
| | he Additional Page, fill it o | If two married people are filing together, both ar out, number the entries, and attach it to this form | | | |
| 1. Do any creditor | rs have claims secured by | your property? | | | |
| ☐ No. Ched | ۔ ck this box and submit tl | nis form to the court with your other schedule | s. You have nothing else | to report on this form. | |
| _ | in all of the information | · | · · · · · · · · · · · · · · · · · · | ·- · · · · · · · · · · · · · · · · · | |
| | | below. | | | |
| 2. List all secure for each claim. If | more than one creditor has | nore than one secured claim, list the creditor separ a particular claim, list the other creditors in Part 2. | As Amount of claim | Column B Value of collateral | Column C Unsecured |
| | • | cal order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Aaron Ro | | Describe the property that secures the claim: | \$2,000.00 | \$5,000.00 | \$0.00 |
| | ^{me} bb Place Blvd., | Furniture | | | |
| NW Kennesa 30144-36 | • | As of the date you file, the claim is: Check all the apply. Contingent | nt . | | |
| Number, Stre | et, City, State & Zip Code | Unliquidated | | | |
| Who owes the o | debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage of car loan) | r secured | | |
| Debtor 2 only | | | | | |
| Debtor 1 and [| | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | |
| | the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| community of | claim relates to a lebt | Other (including a right to offset) | | | |
| Date debt was in | curred | Last 4 digits of account number | | | |
| | One Auto Finance | Describe the property that secures the claim: | \$18,434.00 | \$25,000.00 | \$0.00 |
| Creditor's Nar | me | 2019 Jeep Cherokee 20000 miles | | | |
| | | As of the date you file, the claim is: Check all that | | | |
| P.O. Box | | apply. | ··· | | |
| Plano, T | | Contingent | | | |
| Number, Stre | et, City, State & Zip Code | Unliquidated | | | |
| Who owes the o | debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mortgage o | r secured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and [| Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | |
| | the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | claim relates to a | Other (including a right to offset) | oan | | |
| Date debt was in | curred | Last 4 digits of account number | | | |

Official Form 106D

Case 20-20094-JAD Doc 11 Filed 02/03/20 Entered 02/03/20 16:20:09 Desc Main Document Page 11 of 48

Debtor 1 Lucille F. Henderson Case number (if known) 20-20094-JAD

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here: \$20,434.00
If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: \$20,434.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| Ouc | 00 20 2000 + 0/ ND | Doo | cument Page 12 of 48 | _0.00 | BCSO Main |
|--|---|---|--|-------------------------------|--|
| Fill in this inf | ormation to identify your | | | | |
| Debtor 1 | Lucille F. Henders | son | | | |
| DODIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | WESTERN DIS | TRICT OF PENNSYLVANIA | | |
| Case number | 20-20094-JAD | | | | |
| (if known) | | | | | Check if this is an |
| | | | | a | amended filing |
| Official Ec | orm 106E/F | | | | |
| | | lha Haya Hr | accured Claims | | 40/45 |
| | E/F: Creditors W | | ISECUTED CIAITIS s with PRIORITY claims and Part 2 for creditors with NONP | | 12/15 |
| schedule G: Ex schedule D: Cre eft. Attach the (ame and case | ecutory Contracts and Unexpeditors Who Have Claims Sec Continuation Page to this pag number (if known). | ired Leases (Officia ured by Property. If je. If you have no in | a claim. Also list executory contracts on Schedule A/B: Pr Il Form 106G). Do not include any creditors with partially se more space is needed, copy the Part you need, fill it out, not formation to report in a Part, do not file that Part. On the top | ecured claims umber the en | s that are listed in atries in the boxes on the |
| | t All of Your PRIORITY Un | | | | - |
| _ | ditors have priority unsecure | d claims against yo | u? | | |
| No. Go | to Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: Lis | t All of Your NONPRIORIT | V Unsecured Cla | ime | | |
| | ditors have nonpriority unsec | | | | |
| | | _ | | | |
| □ No. You | have nothing to report in this p | art. Submit this form | to the court with your other schedules. | | |
| Yes. | | | | | |
| unsecured | claim, list the creditor separately | y for each claim. For | tical order of the creditor who holds each claim. If a creditor each claim listed, identify what type of claim it is. Do not list clair in Part 3.If you have more than three nonpriority unsecured cla | ims already in | cluded in Part 1. If more |
| | | | | | Total claim |
| 4.1 Acce | ptance Now | Las | t 4 digits of account number | | \$420.00 |
| Nonpri | ority Creditor's Name | | <u>———</u> | | |
| | Bankruptcy Headquarters Drive | Whe | en was the debt incurred? | | _ |
| | o, TX 75024 | | | | |
| | er Street City State Zip Code | As o | of the date you file, the claim is: Check all that apply | | |
| Who in | ncurred the debt? Check one. | | | | |
| ■ De | btor 1 only | | Contingent | | |
| ☐ De | btor 2 only | | Unliquidated | | |
| ☐ De | btor 1 and Debtor 2 only | | Disputed | | |
| ☐ At I | east one of the debtors and and | other Typ | e of NONPRIORITY unsecured claim: | | |
| □ch | eck if this claim is for a comr | nunity 🗆 : | Student loans | | |
| debt Is the | claim subject to offset? | | Obligations arising out of a separation agreement or divorce tha ort as priority claims | ıt you did not | |
| ■ No | | | Debts to pension or profit-sharing plans, and other similar debts | i | |
| ☐ Yes | S | | Other. Specify | | |
| | | | | | _ |

| Debto | or 1 Lucille F. Henderson | Document Page 13 of 48 Case number (if known) 20-20094-JAD | |
|-------|--|---|------------|
| 4.2 | ADS/Comenity/Victoria | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name P.O. Box 182789 | When was the debt incurred? | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | _ | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Other Specify | |
| 4.3 | Ally Financial | Last 4 digits of account number | \$8,220.00 |
| | Nonpriority Creditor's Name PO Box 380901 | When was the debt incurred? | Ψ0,220.00 |
| | Minneapolis, MN 55438 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | AS of the date you me, the claim is. Oncor an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | lacktriangle Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.4 | Bureau of Account Management | Last 4 digits of account number | \$6,657.00 |
| | Nonpriority Creditor's Name 3607 Rosemont Avenue, Suite 502 Camp Hill, PA 17011 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |

■ No

☐ Yes

Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

| Debtor | 1 Lucille F. Henderson | Document Page 14 of 48 Case number (if known) 20-20094-J | AD |
|--------|---|---|----------|
| 4.5 | Credit Collection Services | Last 4 digits of account number | \$10.00 |
| | Nonpriority Creditor's Name 725 Canton Street Norwood, MA 02062 | When was the debt incurred? | - |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | Credit Management Co. | Last 4 digits of account number | \$285.00 |
| | Nonpriority Creditor's Name 2121 Noblestown Road Pittsburgh, PA 15205 | When was the debt incurred? | - |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | - |
| 4.7 | Duquesne Light Company Nonpriority Creditor's Name | Last 4 digits of account number | Unknown |
| | c/o Keri P. Ebeck, Esquire Bernstein-Burkley, P.C. Suite 2200, Gulf Tower | When was the debt incurred? | |
| | Pittsburgh, PA 15219-1900 Number Street City State Zip Code | As a false along the the claims in Observable which are the | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |

■ No □ Yes

Other. Specify

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Case number (if known) 20-20094-JAD

| Debtor | 1 Lucille F. Henderson | Case number (if known) 20-20094-JAI | ס |
|--------|---|---|------------|
| 4.8 | Fingerhut | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name 6250 Ridgewood Road Saint Cloud, MN 56303 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.9 | Jared Galleria | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name 375 Ghent Road Akron, OH 44333 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | Nationwide Recovery Systems | Last 4 digits of account number | \$1,228.00 |
| | Nonpriority Creditor's Name 501 Shelley Drive | When was the debt incurred? | |
| | Tyler, TX 75701 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

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Debtor 1 Lucille F. Henderson ase number (if known) 20-20094-JAD 4.1 Pa Dept. of Labor and Industry \$13,186.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 67503 When was the debt incurred? Harrisburg, PA 17106-7503 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 Peoples Natural Gas Company, LLC Last 4 digits of account number \$328.00 Nonpriority Creditor's Name c/o S. James Wallace, Esquire When was the debt incurred? 845 N. Lincoln Avenue Pittsburgh, PA 15233 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Preferred Credit** \$1.957.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 1679 When was the debt incurred? Saint Cloud, MN 56302 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

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Case number (if known) 20-20094-JAD

| Debto | Lucille F. Henderson | Case number (if known) 20-20094-JAD | |
|----------|---|---|-------------|
| 4.1 | Resurgent | Local Addition of account according | \$212.00 |
| 4 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ212.00 |
| | P.O. Box 1269 | When was the debt incurred? | |
| | Greenville, SC 29602 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | POI Pagaiyahlan | | ¢E 00 |
| 5 | ROI Receivables Nonpriority Creditor's Name | Last 4 digits of account number | \$5.00 |
| | P.O. Box 549 | When was the debt incurred? | |
| | Lutherville Timonium, MD 21094 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | | — Guiei. Specify | |
| 4.1 6 | Santander Consumer USA | Last 4 digits of account number | \$11,128.00 |
| | Nonpriority Creditor's Name P.O. Box 961211 | When was the debt incurred? | |
| | Fort Worth, TX 76161 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other County | |
| | □ 165 | Other. Specify | |

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| Lucille F. Henderson | Case number (if known) 20-20094-JAD | |
|---|---|----|
| UРМС | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name 2 Hot Metal Street, Dist. Room 386 Pittsburgh, PA 15203 | When was the debt incurred? | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify | |
| US Dept. of Education | Last 4 digits of account number | Un |
| Nonpriority Creditor's Name P.O. Box 7860 | When was the debt incurred? | |
| Madison, WI 53707 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Wilkinsburg-Penn Joint Water Auth. | Last 4 digits of account number | Un |
| Nonpriority Creditor's Name 2200 Robinson Blvd. Pittsburgh, PA 15221 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Lucille F. Henderson

20-20094-JAD

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|-----|--------|-------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| nom rait i | | • | | · : —— | |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 43,986.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 43,986.00 |

| | | I A A JULIA . | 111 1 11111. 7 (7 (7) = (7 |
|---|--------------------------|--------------------|----------------------------|
| Fill in this info | rmation to identify your | case: | |
| Debtor 1 | Lucille F. Hender | son | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT C | OF PENNSYLVANIA |
| Case number | 20-20094-JAD | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Lisle and Pamela Williams
1061 Whispering Woods Drive
Coraopolis, PA 15108

State what the contract or lease is for
\$750 per month

| | | Docum | ent Page 21 o | f 48 | |
|------------------------------|--|---|---|---|---|
| Fill in this | information to identify you | r case: | | | |
| Debtor 1 | Lucille F. Hende | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | | |
| Case num (if known) | ber 20-20094-JAD | | | | ☐ Check if this is an amended filing |
| _ | l Form 106H Iule H: Your Cod | lebtors | | | 12/15 |
| people are fill it out, a | filing together, both are eq | ually responsible for sup a boxes on the left. Attac | plying correct informati th the Additional Page to | on. If more space is | rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case | do not list either spouse | as a codebtor. | |
| ■ No | S | | | | |
| | hin the last 8 years, have yo na, California, Idaho, Louisiana | | | | rty states and territories include) |
| | . Go to line 3. s. Did your spouse, former spo | ouse, or legal equivalent liv | ve with you at the time? | | |
| in line Form | e 2 again as a codebtor only | if that person is a guara | ntor or cosigner. Make s | sure you have listed | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The cr Check all schedu | reditor to whom you owe the debt les that apply: |
| 3.1 | Name | | | _ ☐ Schedule D, lii ☐ Schedule E/F, ☐ Schedule G, lii | line |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | ☐ Schedule D, lii ☐ Schedule E/F, ☐ Schedule G, lii | line |
| - | Number Street City | State | ZIP Code | _ | |

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| | | | | | | | = | | | | |
|-------------|---|---|--|------------------------------------|------------|------|-----------|------------------------|---------------------------|--------------------------------|----------|
| Fill | in this information t | to identify your ca | ase: | | | | | | | | |
| Del | otor 1 | Lucille F. He | enderson | | | | | | | | |
| | otor 2 ouse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrup | otcy Court for the | WESTERN DISTRICT | Γ OF PENNSYLVAN | IA | | | | | | |
| Cas | se number 20- | -20094-JAD | | | | | Che | ck if this is | : | | |
| (If kr | nown) | | | - | | | 1 | An amende | • | | |
| _ | | 4001 | | | | | | A supplem 13 income | ent showin as of the f | ng postpetition ollowing date: | chapter |
| 0 | fficial Form | 1061 | | | | | | MM / DD/ \ | YYYY | | |
| S | chedule I: | Your Inco | ome | | | | | | | | 12/15 |
| spo atta | use. If you are sep ch a separate she tt 1: Describ | parated and you et to this form. e Employment | are married and not fili r spouse is not filing w On the top of any additi | ith you, do not incl | ude infor | mati | on abou | ıt your sp | ouse. If m | ore space is | needed, |
| 1. | Fill in your empl information. | oyment | | Debtor 1 | | | | Debtor : | 2 or non-f | iling spouse | |
| | If you have more | | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | attach a separate information about employers. | | . , | ☐ Not employed | | | | ☐ Not e | employed | | |
| | | | Occupation | Care giver | | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Christian Home | e Health | Ca | re | | | | |
| | Occupation may i or homemaker, if | | Employer's address | 801 Vinial Stree Pittsburgh, PA | | 203 | 3 | | | | |
| | | | How long employed t | here? 3 years | s | | | | | | |
| Par | rt 2: Give De | tails About Mor | thly Income | | | | | | | | |
| | mate monthly incouse unless you are | | ate you file this form. If | you have nothing to | report for | any | line, wri | te \$0 in the | e space. In | clude your noi | n-filing |
| | ou or your non-filing e space, attach a se | | ore than one employer, co this form. | ombine the information | on for all | empl | oyers fo | r that perso | on on the li | ines below. If y | you need |
| | | | | | | | For De | ebtor 1 | | btor 2 or ing spouse | |
| 2. | | | ry, and commissions (b calculate what the monthl | | 2. | \$ | ; | 3,000.00 | \$ | N/A | |
| 3. | Estimate and lis | t monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross | Income. Add lin | ne 2 + line 3. | | 4. | \$ | 3,0 | 00.00 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Debto | or 1 | Lucille F. Henderson | | Case r | number (if known) | 20-2009 | 4-JAD | |
|-------|---------------|---|--------|----------|-------------------|---------|---------------------|---------|
| | | | | For | Debtor 1 | For De | btor 2 or | |
| | 0 | u line 4 hore | 4 | • | 2 222 22 | | ng spouse | |
| | Сор | y line 4 here | 4. | \$ | 3,000.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 600.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ \$ | 0.00 | , \$ | N/A | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | · · · | 0.00 | | N/A | |
| | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 600.00 | \$ | N/A | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,400.00 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | • | 2,400.00 + \$ | , | N/A = \$ 2 | ,400.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | • | | ,400.00 |
| 11. | Stat Inclu | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | depend | | - | | edule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain ies | | | | | | ,400.00 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form? | ? | | | | Combined monthly in | |
| | | No. Yes Explain | | | | | | |

| EW | Line that the former of the first that the original of the ori | | | | |
|-------------------|--|-----------------------------------|-----------|--------------------------------------|----------------------------------|
| FIII | I in this information to identify your case: | | | | |
| Deb | Lucille F. Henderson | | _ | eck if this is: | |
| Deb | btor 2 | | | An amended filing A supplement show | ving postpetition chapter |
| (Spo | pouse, if filing) | | _ | 13 expenses as of | |
| Unit | ited States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA | | | MM / DD / YYYY | |
| Cas | se number 20-20094-JAD | | | | |
| (If k | known) | | | | |
| 0 | Official Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/15 |
| Be info nur | e as complete and accurate as possible. If two married people are filing tog formation. If more space is needed, attach another sheet to this form. On tumber (if known). Answer every question. | | | | |
| 1. | | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separa | ate Household of | f De | btor 2. | |
| 2 | Do you have dependente? | | | | |
| 2. | Do you have dependents? ■ No | | | | |
| | | ent's relationship or Debtor 2 | to | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. | Do your expenses include | | | | ☐ Yes |
| 0. | expenses of people other than yourself and your dependents? | | | | |
| | <u> </u> | | | | |
| Est | extract: Estimate Your Ongoing Monthly Expenses estimate your expenses as of your bankruptcy filing date unless you are using penses as of a date after the bankruptcy is filed. If this is a supplemental supplicable date. | | | | |
| Inc | clude expenses paid for with non-cash government assistance if you knov | v | | | |
| the | e value of such assistance and have included it on <i>Schedule I: Your Incom</i> fficial Form 106I.) | 1e | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. Include first payments and any rent for the ground or lot. | mortgage | 4. | \$ | 750.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | 4 | 1a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | · | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | · | 0.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as home equity I | | 4d. 5. | · | 0.00 |
| υ. | | VICILIA . | | w | |

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| Debtor 1 Lucille F. He | enderson | Case num | ber (if known) | 20-20094-JAD |
|---|--|-------------------|------------------|-----------------------------|
| 6. Utilities: | | | | |
| 6a. Electricity, hea | at, natural gas | 6a. | \$ | 150.00 |
| • | garbage collection | 6b. | | 59.00 |
| | Il phone, Internet, satellite, and cable services | 6c. | · | 80.00 |
| 6d. Other. Specify | • | 6d. | | 0.00 |
| 7. Food and housekee | | 7. | | 250.00 |
| | ren's education costs | 8. | \$ | |
| | | 9. | \$ | 0.00 |
| 0, ,, | • | 9. 10. | | 30.00 |
| Personal care produ | | | · | 0.00 |
| 1. Medical and dental | • | 11. | \$ | 60.00 |
| Z. I ransportation. Incl Do not include car pa | lude gas, maintenance, bus or train fare. | 12. | \$ | 100.00 |
| | ayments. os, recreation, newspapers, magazines, and books | 13. | | |
| | | 13. 14. | | 25.00 |
| | tions and religious donations | 14. | Ψ | 0.00 |
| 5. Insurance. | ance deducted from your pay or included in lines 4 or 20 | | | |
| 15a. Life insurance | ance deducted from your pay or included in lines 4 or 20. | 15a. | \$ | 0.00 |
| | | 15a. 15b. | | 0.00 |
| 15b. Health insuran | | | | 48.00 |
| 15c. Vehicle insura | | 15c. | | 233.00 |
| 15d. Other insurance | | 15d. | \$ | 0.00 |
| | le taxes deducted from your pay or included in lines 4 or 20. | | • | |
| Specify: | | 16. | \$ | 0.00 |
| 7. Installment or lease | | | • | |
| 17a. Car payments | | 17a. | · | 440.00 |
| 17b. Car payments | | 17b. | · | 0.00 |
| 17c. Other. Specify: | | 17c. | | 200.00 |
| 17d. Other. Specify: | | 17d. | \$ | 0.00 |
| | llimony, maintenance, and support that you did not repo | | Ф. | 0.00 |
| deducted from your | r pay on line 5, Schedule I, Your Income (Official Form 10 |) 61). 18. | | |
| | u make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
| | expenses not included in lines 4 or 5 of this form or on | | | |
| 20a. Mortgages on | | 20a. | | 0.00 |
| 20b. Real estate tax | xes | 20b. | \$ | 0.00 |
| 20c. Property, home | eowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintenance, | repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | association or condominium dues | 20e. | \$ | 0.00 |
| 1. Other: Specify: | | 21. | | 0.00 |
| | | | <u> </u> | 0.00 |
| 2. Calculate your mon | | | | |
| 22a. Add lines 4 thro | ugh 21. | | \$ | 2,425.00 |
| 22b. Copy line 22 (m | onthly expenses for Debtor 2), if any, from Official Form 106 | J-2 | \$ | |
| 22c. Add line 22a and | d 22b. The result is your monthly expenses. | | \$ | 2,425.00 |
| | | | | £,7£0.00 |
| Calculate your mon | | | | |
| 23a. Copy line 12 () | your combined monthly income) from Schedule I. | 23a. | \$ | 2,400.00 |
| 23b. Copy your mor | nthly expenses from line 22c above. | 23b. | -\$ | 2,425.00 |
| | | | | , |
| 23c. Subtract your r | monthly expenses from your monthly income. | | | A= |
| | our monthly net income. | 23c. | \$ | -25.00 |
| · | | | | |
| | ncrease or decrease in your expenses within the year aft | | | |
| | spect to finish paying for your car loan within the year or do you expec | t your mortgage | payment to incre | ease or decrease because of |
| modification to the terms | s or your mortgage? | | | |
| ■ No. | | | | |
| ☐ Yes. Ex | plain here: | | | |

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| Fill in this info | ormation to identify your | case: | | | |
|--------------------------|--|----------------------------|--------------------------|--------------------------|---|
| Debtor 1 | Lucille F. Hender | son | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for the: | WESTERN DISTRICT C | OF PENNSYLVANIA | | |
| Case number | 20-20094-JAD | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | rm 106Dec ation About a | ın Individual | Debtor's So | chedules | 12/15 |
| If two married | people are filing together | r, both are equally respon | nsible for supplying co | rrect information. | |
| obtaining mon | | n connection with a bank | | | ment, concealing property, or), or imprisonment for up to 20 |
| Si | ign Below | | | | |
| Did you լ | pay or agree to pay some | one who is NOT an attor | ney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedules file | ed with this declaration | n and |
| X <u>/s/ Lu</u> Lucil | ıcille F. Henderson | | X | | |

Date

Date February 3, 2020

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| Fill | in this infor | mation to identify you | r case: | | | | | | | |
|------------|------------------------------|--|--|---|--|---|--|--|--|--|
| Deb | otor 1 | Lucille F. Hende | | | | | | | | |
| Deh | otor 2 | First Name | Middle Name | Last Name | | | | | | |
| | use if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Unit | ed States Ba | ankruptcy Court for the: | WESTERN DISTRICT OF | PENNSYLVANIA | | | | | | |
| Cas | e number | 20-20094-JAD | | | | | | | | |
| (if kn | own) | | | | - | Check if this is an mended filing | | | | |
| | | | | | | | | | | |
| Off | ficial Fo | rm 107 | | | | | | | | |
| Sta | atement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 | | | | |
| infor | mation. If n | nore space is needed, n). Answer every ques | attach a separate sheet to | this form. On the top of any | equally responsible for sup additional pages, write you | | | | | |
| 1. | What is you | ır current marital statu | us? | | | | | | | |
| | ☐ Married ■ Not ma | | | | | | | | | |
| 2. | During the | uring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | _ | | • | • | | | | | | |
| | ■ No □ Yes. Li | st all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | | | | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| | | | | | ity property state or territory co, Texas, Washington and W | | | | | |
| | ■ No | | | | | | | | | |
| | _ | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| Par | Expla | in the Sources of You | r Income | | | | | | | |
| | Fill in the tot | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fi | ll in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| Fro the | m January 1 date you file | of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

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Case number (if known)
20-20094-JAD Document

Debtor 1 Lucille F. Henderson

| | | | | Debtor 1 | | Debtor 2 | | |
|----|----------------------------------|--|--|--|---|--|--|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | or last calen anuary 1 to | | 31, 2019) | ■ Wages, commissions, bonuses, tips | \$30,000.00 | ☐ Wages, combonuses, tips | imissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | or the calena anuary 1 to | | | ■ Wages, commissions, bonuses, tips | \$40,000.00 | ☐ Wages, combonuses, tips | ımissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | and other winnings. List each s | public bene If you are fil | fit payments; ing a joint cas he gross inco | er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separa | rest; dividends; money collectyou received together, list it o | ted from lawsuits; nly once under De | royalties; and ebtor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| 6. | Are either □ No. | Neither De individual During the No. Yes | potent 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cre not include | s debts primarily consumer ebtor 2 has primarily consupersonal, family, or househo re you filed for bankruptcy, diach creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/22 and every 3 year | Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,825* or more into for domestic support obligations bankruptcy case. | l of \$6,825* or mo n one or more pay ations, such as ch | re? /ments and th illd support a | ne total amount you nd alimony. Also, do |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, di | | of \$600 or more? | , | |
| | | ■ No. | Go to line 7 | | | | | |
| | | □ Yes | include pay | ach creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | |
| | Creditor' | s Name and | d Address | Dates of payme | nt Total amount | Amount you | Was this p | payment for |

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Debtor 1 Lucille F. Henderson

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
|-----|--|----------------------------|----------------------|----------------------|----------------------------|------------------------------|--|--|
| | ☐ Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| 8. | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an | | |
| | No No | | | | | | | |
| | Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name | | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | _ | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case | | |
| 10. | Within 1 year before you filed for bankruptor Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | hed, attached | d, seized, or levied? | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | |
| | | Explain what happened | t | | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | luding a bank or fii | nancial institution | , set off any a | amounts from your | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date a | action was | Amount | | |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | | | efit of creditors, a | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gift | s with a total value | of more than \$60 | 0 per person | ? | | |
| | ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the gi | you gave fts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |

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| Debtor 1 | Lucille F. Henderson | Document | r age 30 or 7 | ase number (if known) | 20-20094-JAD |
|----------|----------------------|----------|---------------|-----------------------|--------------|
| | | | | | |

| 14. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or or | | | ns with a total | value of more than | \$600 to any charity? | | | |
|-----|--|------------------------------|---|-----------------------|---|---------------------------|--|--|--|
| | Gifts or contributions to charities that 1 more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | otal | Describe what you contributed | | Dates you contributed | Value | | | |
| Par | t 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did y | ou lose anyth | ning because of thef | t, fire, other disaster, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the lot the amount that insurance has paid. L ce claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost | | | |
| Par | t 7: List Certain Payments or Transfers | 5 | | | | | | | |
| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment | | | |
| | Michael S. Geisler, Attorney-at-Law 201 Penn Center Blvd., Suite 524 Pittsburgh, PA 15235 | , | | | 1/5/2020 | \$965.00 | | | |
| | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that | ditors or | r to make payments to your creditor | r behalf pay or s? | r transfer any prope | rty to anyone who | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment | | | |
| | Within 2 years before you filed for bankr transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have alr | i r busin e made a | ess or financial affairs? as security (such as the granting of a se | | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you | | Description and value of property transferred | | ny property or received or debts change | Date transfer was made | | | |

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Case number (if known) 20-20094-JAD Document Debtor 1 Lucille F. Henderson 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a **beneficiary?** (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Nο Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No П Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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| DCI | Lucine F. Henderson | | Case Harriser (II known) ZU-ZUU34-JA | ט | | | | |
|-----|---|--|---------------------------------------|--------------------|--|--|--|--|
| | | | | | | | | |
| 24. | Has any governmental unit notified you that y | you may be liable or potentially liable | under or in violation of an environme | ntal law? | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of a | ny release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admi | nistrative proceeding under any envir | onmental law? Include settlements a | nd orders. | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | t 11: Give Details About Your Business or Co | onnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy | v. did vou own a business or have any | of the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in | · • | • | | | | | |
| | ☐ A member of a limited liability compa | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | • | | | | | |
| | | cutive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting | · | | | | | | |
| | ■ No. None of the above applies. Go to Pa | | | | | | | |
| | Yes. Check all that apply above and fill in | | | | | | | |
| | | Describe the nature of the business | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security r | number or ITIN. | | | | |
| | | | Dates business existed | | | | | |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | y, did you give a financial statement to | o anyone about your business? Inclu | de all financial | | | | |
| | ■ No | | | | | | | |

Name

Address

Date Issued

☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

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Debtor 1 Lucille F. Henderson

| Part 12: Sign Below | |
|---|---|
| are true and correct. I understand that ma | of of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers aking a false statement, concealing property, or obtaining money or property by fraud in connections up to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Lucille F. Henderson | |
| Lucille F. Henderson Signature of Debtor 1 | Signature of Debtor 2 |
| Date February 3, 2020 | Date |
| Did you attach additional pages to Your S | Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | |
| Yes | |
| Did you pay or agree to pay someone wh ■ No | o is not an attorney to help you fill out bankruptcy forms? |
| ☐ Yes. Name of Person Attach the | Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this inforn | | | | |
|---|---------------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1 | Lucille F. Henders | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT (| DF PENNSYLVANIA | |
| Case number | 20-20094-JAD | | | |
| (if known) | 20-2003 1- 0AD | | | ☐ Check if this is an amended filing |
| (in Kilowity | | | | _ |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | |
|---|--|--|--|
| | | | |
| Creditor's Aaron Rents | ☐ Surrender the property. | □No | |
| name: | ☐ Retain the property and redeem it. | | |
| Description of Furniture | ☐ Retain the property and enter into a Reaffirmation Agreement. | Yes | |
| property | ■ Retain the property and [explain]: | | |
| securing debt: | Pay installment payments when due | - | |
| Creditor's Capital One Auto Finance | ☐ Surrender the property. | □No | |
| name: | ☐ Retain the property and redeem it. | | |
| Description of 2019 Jeep Cherokee 20000 | ☐ Retain the property and enter into a Reaffirmation Agreement. | Yes | |
| property miles | ■ Retain the property and [explain]: | | |
| securing debt: | Pay installment payments when due | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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| Deb | otor 1 | Lucille F. | Henderson | | Case number (if known) | 20-20094-JAD |
|--------------------|--------------------|----------------------------|------------------------------|---------------------------------------|----------------------------|-------------------------------|
| Lessor's name: Lis | | ime: | Lisle and Pamela Wil | liams | | □ No |
| | | | | | | ■ Yes |
| | cription perty: | of leased | \$750 per month | | | |
| | | ign Below | ry, I declare that I have ir | ndicated my intention about any prope | erty of my estate that sec | cures a debt and any personal |
| | - | • | t to an unexpired lease. | | | |
| X | | ıcille F. He le F. Hend | | X | of Debtor 2 | |
| | | ture of Debto | | Signature | or Desion 2 | |
| | Date | Februa | ary 3, 2020 | Date | | |

| Fill in this | information to identify your case: | | | | as directed in this f | orm and in Form | |
|---|--|---|--------------------------|--|--|---|--|
| Debtor 1 | Lucille F. Henderson | | 122 <i>F</i> | \-1Supp: | | | |
| Debtor 2 (Spouse, if fi | ling) | | | 1. There is no p | resumption of abu | se | |
| United States Bankruptcy Court for the: Western District of Pennsylvania | | | | ☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i> | | | |
| Case nun | nber 20-20094-JAD | | | | Official Form 122 | | |
| (if known) 3. The Means Test does not apply no qualified military service but it cou | | | | | | | |
| | | | | Check if this i | s an amended fi | ling | |
| Officia | al Form 122A - 1 | | | | | | |
| Chap | ter 7 Statement of Your Cu | rrent Monthly | Inco | ome | | 10/1 | |
| attach a se case numb | plete and accurate as possible. If two married people parate sheet to this form. Include the line number to er (if known). If you believe that you are exempted fruilitary service, complete and file Statement of Exement Calculate Your Current Monthly Income | which the additional inform om a presumption of abus | nation ap | plies. On the top on the you do not have | of any additional pa primarily consume | ges, write your name and r debts or because of | |
| 1. W ha | t is your marital and filing status? Check one of | nly. | | | | | |
| | ot married. Fill out Column A, lines 2-11. | | | | | | |
| | larried and your spouse is filing with you. Fill o | out both Columns A and F | 3, lines 2 | -11. | | | |
| _ | larried and your spouse is NOT filing with you | • • | | | | | |
| _ | $^{ m I}$ Living in the same household and are not leg | - | | | | | |
| | I Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evad | legally separated under | nonbankı | ruptcy law that ap | oplies or that you a | | |
| 101(10 <i>t</i> the 6 m | ne average monthly income that you received from all a). For example, if you are filing on September 15, the 6-onths, add the income for all 6 months and divide the total own the same rental property, put the income from that | month period would be Marc al by 6. Fill in the result. Do r | h 1 throug ot include | h August 31. If the any income amour | amount of your mont nt more than once. Fo | hly income varied during or example, if both | |
| · | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing sp | oouse | |
| | Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | | | 3,000.0 | 0 \$ | | |
| | nony and maintenance payments. Do not include mn B is filled in. | e payments from a spous | se if | 0.0 | 0 \$ | | |
| of y e from and | mounts from any source which are regularly pour or your dependents, including child support an unmarried partner, members of your househo roommates. Include regular contributions from a sin. Do not include payments you listed on line 3. | t. Include regular contrib ld, your dependents, pare | utions ents, | 50.0 | o \$ | | |
| 5. Net | income from operating a business, profession | | | | | | |
| _ | | Debtor 1 | | | | | |
| | ss receipts (before all deductions) | \$ <u>0.00</u> -\$ 0.00 | | | | | |
| | nary and necessary operating expenses monthly income from a business, profession, or fa | | nere -> \$ | 0.0 | 0 \$ | | |
| | income from rental and other real property | | | | <u> </u> | | |
| | The second secon | Debtor 1 | | | | | |
| Gros | ss receipts (before all deductions) | \$0.00 | | | | | |
| Ordi | nary and necessary operating expenses | -\$ 0.00 | | | _ | | |
| Net | monthly income from rental or other real property | \$0.00 Copy I | | | _ : | | |
| 7 Into | roet dividends and royalties | | \$ | 0.0 | 0 \$ | | |

Official Form 122A-1

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| 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or | |
|--|-------|
| the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the | |
| 9. Pension or retirement income . Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the | |
| benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the | |
| disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. O.00 \$ | |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ | |
| \$\$ | |
| Total amounts from separate pages, if any. + \$ \$ | |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 3,000.00 | 00.00 |
| Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: | |
| 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ | 00.00 |
| Multiply by 12 (the number of months in a year) | |
| 12b. The result is your annual income for this part of the form 12b. \$ 36,0 | 00.00 |
| 13. Calculate the median family income that applies to you. Follow these steps: | |
| Fill in the state in which you live. | |
| Fill in the number of people in your household. | |
| Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. | 33.00 |
| 14. How do the lines compare? | |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> | |
| Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> | 2. |
| Go to Part 3 and fill out Form 122A-2. | |
| Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct | >t |
| | ۸. |
| X /s/ Lucille F. Henderson Lucille F. Henderson Signature of Debtor 1 | |
| Date February 3, 2020 | |

Debtor 1

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Debtor 1 Lucille F. Henderson Case number (if known) 20-20094-JAD

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1 Lucille F. Henderson Case number (if known) 20-20094-JAD

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2019 to 12/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

| 6 Months Ago: | 07/2019 | \$3,000.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2019 | \$3,000.00 |
| 4 Months Ago: | 09/2019 | \$3,000.00 |
| 3 Months Ago: | 10/2019 | \$3,000.00 |
| 2 Months Ago: | 11/2019 | \$3,000.00 |
| Last Month: | 12/2019 | \$3,000.00 |
| | Average per month: | \$3,000.00 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7 | 7: | Liquidation | |
|-----------|------|--------------------|--|
| \$2 | 245 | filing fee | |
| \$ | \$75 | administrative fee | |
| + 9 | 15 | trustee surcharge | |
| \$3 | 335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| _ | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: : Bankruptcy No. 20-20094-JAD

Lucille F. Henderson

Chapter 7

:

Debtor

Lucille F. Henderson

Movant : Related to Document No. 1

:

v.

No Respondent :

NOTICE REGARDING FILING OF MAILING MATRIX

In accordance with Local Bankruptcy Rule 1007-1(e) I, <u>Michael S. Geisler, Esquire</u>, counsel for the debtor(s) in the above-captioned case, hereby certify that the following list of creditors' names and addresses was uploaded through the creditor maintenance option in CM/ECF to the above-captioned case.

Signature

Michael S. Geisler, Esquire

Typed Name

Attorney-at-Law

201 Penn Center Blvd., Suite 524

Pittsburgh, PA 15235

Address

(412) 613-2133 Fax:(412) 372-2513

Phone No.

Pa I.D. No. 39414 PA

List Bar I.D. and State of Admission

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| In re | Lucille F. Henderson | | Case No. | 20-20094-JAD |
|-------------|---|--|--|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSA | TION OF ATTOR | NEY FOR DE | BTOR(S) |
| c | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the erendered on behalf of the debtor(s) in contemplation of or in | he petition in bankruptcy, o | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 965.00 |
| | Prior to the filing of this statement I have received | | \$ | 965.00 |
| | Balance Due | | | 0.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | he source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. I | I have not agreed to share the above-disclosed compensation | on with any other person u | nless they are memb | pers and associates of my law firm. |
| I | ☐ I have agreed to share the above-disclosed compensation vecopy of the agreement, together with a list of the names of | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to render l | egal service for all aspects | of the bankruptcy ca | ase, including: |
| b c | Analysis of the debtor's financial situation, and rendering a Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on househouse | of affairs and plan which r d confirmation hearing, and e to market value; exer s needed; preparation a | nay be required; I any adjourned hear mption planning; | ings thereof; |
| 6. E | by agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any dischar any other adversary proceeding. | | | es, relief from stay actions or |
| | CE | RTIFICATION | | |
| | certify that the foregoing is a complete statement of any agre inkruptcy proceeding. | ement or arrangement for p | payment to me for re | presentation of the debtor(s) in |
| Fe | ebruary 3, 2020 | /s/ Michael S. Geis | | |
| Da | nte | Michael S. Geisler, Signature of Attorney | • | |
| | | MICHAEL S. GEISI | | |
| | | Attorney-at-Law | Unid Civita FOA | |
| | | 201 Penn Center B Pittsburgh, PA 152 | | |
| | | (412) 613-2133 Fa | x: (412) 372-2513 | |
| | | m.s.geisler@att.ne | ot . | |
| | | wame of taw firm | | |

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United States Bankruptcy Court Western District of Pennsylvania

| In re | Lucille F. Henderson | • | Case No. | 20-20094-JAD | |
|-------|----------------------|-----------|----------|--------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | | | | | |

VERIFICATION OF CREDITOR MATRIX

| | , 22 | |
|---------|----------------------------------|---|
| | | |
| The abo | ove-named Debtor hereby verifies | s that the attached list of creditors is true and correct to the best of his/her knowledge. |
| Date: | February 3, 2020 | /s/ Lucille F. Henderson |
| | | Lucille F. Henderson |
| | | Signature of Debtor |

Aaron Rents 1015 Cobb Place Blvd., NW Kennesaw, GA 30144-3672

Acceptance Now Attn: Bankruptcy 5501 Headquarters Drive Plano, TX 75024

ADS/Comenity/Victoria P.O. Box 182789 Columbus, OH 43218

Ally Financial PO Box 380901 Minneapolis, MN 55438

Bureau of Account Management 3607 Rosemont Avenue, Suite 502 Camp Hill, PA 17011

Capital One Auto Finance P.O. Box 259407 Plano, TX 75025

Credit Collection Services 725 Canton Street Norwood, MA 02062

Credit Management Co. 2121 Noblestown Road Pittsburgh, PA 15205

Duquesne Light Company c/o Keri P. Ebeck, Esquire Bernstein-Burkley, P.C. Suite 2200, Gulf Tower Pittsburgh, PA 15219-1900

Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303

Jared Galleria 375 Ghent Road Akron, OH 44333

Lisle and Pamela Williams 1061 Whispering Woods Drive Coraopolis, PA 15108

Nationwide Recovery Systems 501 Shelley Drive Tyler, TX 75701

Pa Dept. of Labor and Industry P.O. Box 67503 Harrisburg, PA 17106-7503

Peoples Natural Gas Company, LLC c/o S. James Wallace, Esquire 845 N. Lincoln Avenue Pittsburgh, PA 15233

Preferred Credit P.O. Box 1679 Saint Cloud, MN 56302

Resurgent P.O. Box 1269 Greenville, SC 29602

ROI Receivables P.O. Box 549 Lutherville Timonium, MD 21094

Santander Consumer USA P.O. Box 961211 Fort Worth, TX 76161

UPMC 2 Hot Metal Street, Dist. Room 386 Pittsburgh, PA 15203

US Dept. of Education P.O. Box 7860 Madison, WI 53707

Wilkinsburg-Penn Joint Water Auth. 2200 Robinson Blvd. Pittsburgh, PA 15221